Seattle Fire Marshal's Office

220 3rd Avenue S. Seattle, WA 98104-2608 Phone: 206-386-1450 Fax: 206-386-1348



System Test Report												
HOOD SUPPRESSION				STATUS								
☐ Confidence Test		Reacceptance Test		Red		Ye	llow		White			
Occupancy Information	n											
Occupancy Name:			Conf	act Name:								
Occupancy Address:			Cont	act Phone:								
			Cont	act Email:								
Inspection & Testing A	genc	y Information										
Name:			Phor	ne:								
Address:			Eme	rgency Phone	:							
			Ema	il:								
Inspector/Tester Inform	natio	1										
Name:			Phor	ne:								
SFD Certification No.: SCI	> _											
Hood Suppression Sys	tem											
Date of Test:												
The items on the checklists and testing of the fire and I and manufacturer's recommendations.	ife saf	ety system. Refer to the F	ire Code	used by the A								
PRE-TEST CHECKS												
AVOID UNNECESSARY A Alarm System (FAS) into te									place the Fire)		
1. The suppression system	n mee	ts the UL300 standard. (N	ote to S	ystem Owners	: Non							
UL300 systems are no long non UL300 systems must be	, · · · -		90	0 00.000.	•		Yes		lo			
APPLIANCE COVERAGE	E, N	OZZELS, AND PIPING		·								
2. All cooking appliances t the range hood.	hat ca	n produce grease laden v	apors ar	e completely ι	under		Yes		lo			
3. All cooking appliances h	nave tl	ne required number and ty	pe of no	zzles to provid	de		165	<u> </u>	10			
adequate fire protection.							Yes		lo			
4. All nozzles are properly							Yes		lo			
5. All piping and conduit ar	e imm	obilized with proper hange	ers and b	orackets.			Yes		lo			
SYSTEM CONTROLS												
6. All system controls and7. The system is operation	•				5.		Yes Yes		lo Io			
8. The fusible links were re		•)			Yes		lo lo			
•	•		•									

9. The manual (remote) pull is configured correctly and is operational.			Yes		No		
10. The operation of the fusible link line is not impaired by grease.		Yes		No			
11. The micro switch that controls the gas and/or electrical power to the appliances					Nia		
functions properly.			Yes Yes		No		N/A
12. The gas shuts down upon system activation.13. The appliance electrical shutdown device functions properly.			Yes		No No		N/A
			163		INU		IN/ A
CYLINDERS AND EXTINGUISHING AGENT							
14. The extinguishing agent in the cylinders conforms to the manufacture requirements for this system.			Yes		No		
15. The system has adequate supply of extinguishing agent as required demand for complete coverage of the cooking appliances.	to meet the		Yes		No		
16. The cylinders are filled with the correct volume of extinguishing agen	t.		Yes		No		
17. The cylinder gauge is in the operational range.		Yes		No			
18. The CO2 or Nitrogen cylinder is fully charged.			Yes		No		
19. The hydrostatic testing of the agent cylinder(s) is up-to-date.			Yes		No		
SYSTEM SECURITY AND MONITORING							
20. The lead and wire seals on the suppression system were replaced.			Yes		No		
21. The system is connected to the fire alarm panel. (if an alarm panel ex	xists)		Yes		No		
22. The fire alarm panel receives the proper signals upon suppression sy activation.	stem		Yes		No		N/A
23. The alarm monitoring company received the alarm signal.			Yes		No		N/A
CLEANING							
24. The surfaced around the cooking surfaces, range hood, and ducting f termination	rom hood to		Yes		No		
25. The system is on a cleaning schedule in accordance with IFC 609.3.3	R		Yes		No		
FINAL CHECKS	<i>,</i> —		103	_	140		
Put the Fire Alarm back into service and/or other precautionary measures	s that were made	de to	restor	e fire	alarm	svste	m to
normal operation (includes removal of protective coverings)		JC 10			alaiiii	- Jysic	
26. A copy of the confidence test report was given to the owner and a cutag was placed on the agent cylinder and the manual pull handle.	irrent status		Yes		No		
By accepting this statement I, the certified technician shown on this form, been properly inspected for functional operation in accordance with the c that has jurisdiction and NFPA Standards adopted by the FC for this syst report and have been reported to the building Owner/Manager for correct	urrent Fire Coc em. Any deficie	le (F	C) use	d by t	he dep	oartm	ent
I am authorized to submit this report for the certified technician who has accepted this statement.							
SIGNATURE (OPTIONAL)							
Signature of Technician							
Signature of Building Representative							

System Testing Reports Must Be Submitted Online

Submit reports to http://www.thecomplianceengine.com/